## **APPLICATION DATA SHEET**

# **Application Information**

Secrecy Order in Parent Appl.?::

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	•
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	No
Number of Copies of CRF::	
Title::	Projection Optical System
Attorney Docket Number::	007413-071
Request for Early Publication?::	No
Request for Non-Publication?::	Yes
Suggested Drawing Figure::	
Total Drawing Sheets::	6
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

No

## **Applicant Information**

Street of Mailing Address::

**Applicant Authority Type::** Inventor **Primary Citizenship Country::** Germany Status:: **Full Capacity** Given Name:: Daniel Middle Name:: Family Name:: Krähmer Name Suffix:: City of Residence:: Aalen State or Province of Residence:: Country of Residence:: Germany Nietzschestrasse 33 Street of Mailing Address:: Aalen City of Mailing Address:: State or Province of Mailing Address:: Country of Mailing Address:: Germany Postal or Zip Code of Mailing Address:: 73431 **Applicant Authority Type:**: Inventor Primary Citizenship Country:: Germany Status:: **Full Capacity** Given Name:: Eric Middle Name:: Family Name:: Eva Name Suffix:: City of Residence:: Aalen State or Province of Residence:: Country of Residence:: Germany

Hegelstrasse 34/4

City of Mailing Address:: Aalen

State or Province of Mailing Address::

Country of Mailing Address::

Germany

Postal or Zip Code of Mailing

Address:: 73431

## **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

## **Representative Information**

Representative Customer Number:: 21839

# **Domestic Priority Information**

Application::	]		Parent Filing Date::
		Approaction	

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Foreign Priority Information					
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Country::	Application Number::	Filing Date::	Priority Claimed::
			Claimed::

## **Assignee Information**

Assignee Name::

Carl Zeiss SMT AG

Street of Mailing Address::

Carl-Zeiss-Strasse 22

City of Mailing Address::

Oberkochen

State or Province of Mailing Address::

Country of Mailing Address::

Germany

Postal or Zip Code of Mailing

Address::

73447